CONGENITAL ELONGATION OF THE LEFT LOBE OF THE LIVER.

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CONGENITAL deformities of the liver confined to the left lobe, sufficiently extensive to cause symptoms, must be instructive, since careful search of the literature discloses the record of but one case that in any way could be regarded as analogous (Langenbuch, in *Deutsche Chirurgie*, 1897, Lieferung 45, Leber u. Gallenblase, 112). This case is described as a short corset liver where, in addition to the right lobe being pressed upward into the diaphragmatic space, the left lobe is pushed across in the left hypochondrium, where it developed so strongly as to spread over the entire fundus of the stomach, and even over the spleen. In this instance the right kidney was also pressed downward.

Symptoms in this case were pressure, pulling, and pain in the epigastrium. It was a woman thirty years of age, who had known of its existence for eight years. During this time she had suffered with abdominal pain when either standing or lying down, but especially in the latter position. When lying on the side or abdomen she had little or no pain, while on the back it was greatly increased. There were, in addition, palpitation of the heart, flushes to the head, a feeling of oppression, and constant gastric disturbance; there was also aching in the legs.

Langenbuch further remarks that the left lobe of the liver is rarely affected alone, though it is at times in conjunction with the right lobe. Enlargement of the right side of the liver rarely, if ever, could give this chain of symptoms, because of the difference in the organs pressed upon.

Treatment in his case consisted of incision and resection of the left lobe, secondary hæmorrhage following, which was controlled by ligation of the vessels. Ascites existed for a short time after operation. Other authors refer to enlargement of the left lobe, but always in conjunction with the right, and most of them cite this one of Langenbuch's alone as an instance of left lobe enlargement.

J. E. Graham (in "Diseases of the Liver," Loomis—Thomas, "American System of Practical Medicine," 1898, p. 411) states that congenital changes in the form of an enlargement of the left lobe are greater than may occur in the right.

Murchison (in "Diseases of the Liver," 1868, p. 9) says that the left lobe has been found in the fœtus larger than the right.

J. H. Waring ("Diseases of the Liver," 1897, p. 59) says that among liver anomalies the left may be long and thin, having been met with extending downward and to the left into the left hypochondrium, or even to the left lumbar region as far as the spleen, or even below this viscus. (His reference is to the case of Langenbuch to which I have previously referred.) When this form of lobulation occurs, it may be mistaken for large spleen, but is usually definable connected with the liver, and its very free movement during respiration would indicate the nature of the enlargement or swelling to be in the left hypochondrium.

The subject of this report is a girl sixteen years of age. She consulted me in June, 1893, for a painless tumorous distention of the epigastrium, which she had noticed for nine years, though she had been suffering from spells of distressing discomfort at times for only about two years.

History.—She had never been ill except when five years of age, then with measles; she was exceptionally well developed, indeed, presented all the evidences of a perfect physique, height being five feet, one inch, weight 130 pounds. She had never had jaundice, colicky pain, chills, nor fever. Her occupation as laundress for the last two years had seemed to increase the feeling of distress after eating. This feeling of distention and pressure in the epigastrium, palpitation of the heart, and dyspnœa had been prominent symptoms from which she had suffered from her earliest recollection. She was entirely free from all of these symptoms, when in the upright position, when hungry, that is, when the stomach was empty. The symptoms were not complained of when she was lying partly upon her abdomen, though they were always present even when the stomach was empty, when lying upon her back.

On her first visit, which was shortly after having taken breakfast, the symptoms complained of were prominently brought out when she was placed in the recumbent position on the examining chair. Examination at this time showed what seemed to be an immensely distended stomach; there was very pronounced tympany above and below a dull area, which extended entirely across the epigastrium, being lost beneath the costal cartilages on either side. The fat belly walls made it somewhat difficult to determine whether or not the mass was influenced by respiration, but it seemed to be. With considerable pressure the edge of the right lobe of the liver could be felt just below the costal margin; dyspnœa seemed, as far as one could determine, due to the diaphragm being pushed up, the apex beat of the heart being heard most pronounced in the fourth interspace. The tumor was painless; the only complaint made was that percussion increased dyspnœa and caused nausea.

The condition had been variously diagnosed as gastroöptosis, distention of the hepatic flexure of the colon, hydatid or echinococcus cyst, or sarcoma of the liver. My own feeling was that it was in all probability a cystic condition, probably of the pancreas. The question of syphilis of the liver was hardly to be entertained. Temperature was normal, pulse in the sitting posture 78, while in the recumbent 120.

I examined the patient the following day, six hours after she had taken food, at which time there was a notable absence of tympany, no dyspnœa, but some distress in breathing when in the recumbent position. The apex beat of the heart was now most pronounced in the fifth interspace. The dulness extending over the tumor was unchanged. Urine analysis was negative; special attention was given to a search for bile pigment; none was present; blood showed normal count. Exploratory incision was the treatment advised.

Operation.—Under ether anæsthesia, the stomach was exposed through a median incision five inches long. The stomach was found pushed down so that the greater curvature was on a level with the umbilicus. The left lobe of the liver extended entirely across the lesser curvature into the left hypochondrium, where it was flattened out at the extremity over the spleen. There were no adhesions present anywhere throughout its extent. It could be lifted from its position with no difficulty; it was exceptionally thin, and the capsule was apparently normal, if anything slightly thickened over the anterior surface where it came in contact with the abdominal parietes. No nodules were present, nor any other evidence of pathologic change. The right lobe was apparently normal; the right kidney was in normal position; the spleen was normal, except an indentation over its surface caused by pressure from the liver resting upon it. The pancreas was entirely normal.

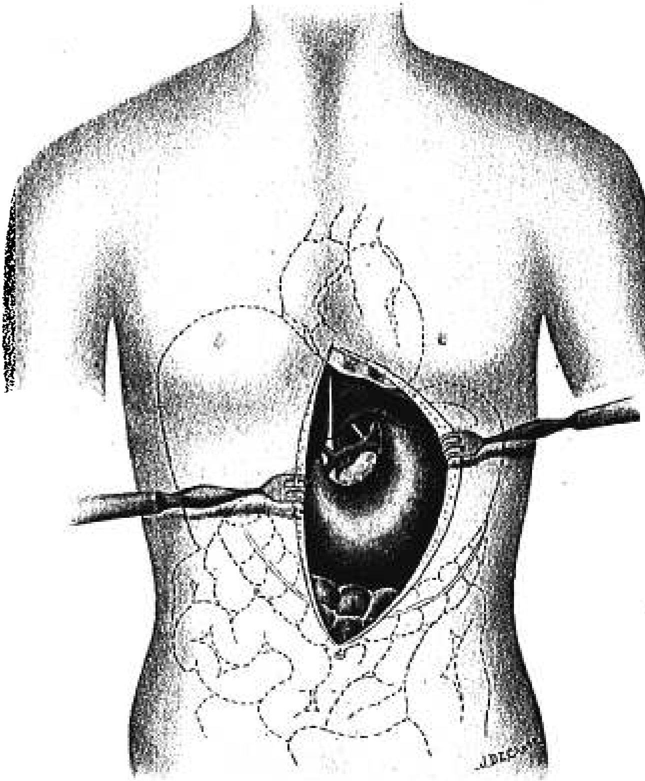
An effort was made to see how much of this elongated lobe could be replaced into normal position, but it was impossible to return any of it, because of the embarrassment to respiration that occurred when the slightest effort at returning the lobe was exerted. The entire lobe was then held up against the abdominal wall by an assistant while it was sutured. There was no bleeding of any note. The abdominal wall was then closed, and the girl's recovery was uninterrupted.

The results have been perfect; there has been entire disappearance of all digestive disturbance, and the girl regards herself as entirely well.

The tumorous convexity can still be seen, and the dulness is present as before operation; tympany, displacement of the heart, dyspnœa, nausea, and distress caused by position have entirely disappeared.

(The photograph and colored plate show the tumorous distention and the exact relation of the tongue-like elongation of the organ at the time of operation. The length of the lobe from the free margin of the liver to its apex was six and one-quarter inches; width, one and three-quarters inches.)

Ventrosuspension, in this particular case at least, seems to have been the proper line of treatment to carry out; and, indeed, in all cases where there is no malignant change, it would seem less dangerous and quite as liable to effect a permanently



Dog-tongued elongation of the left lobe of the liver. (Congenital?)

satisfactory result as resection, as has been shown by both Ponfick and Von Meister that resection of a part of the liver will be followed by a regeneration, consequently nothing would be gained by resorting to resection. (*Lancet*, 1890, i; 1891, ii, p. 1409.) While the history clearly shows that a marked deformity had existed from early childhood, there is no doubt but that there had been a process of gradual extension of this congenital tongue from the main body of the organ during the last two years, due to the patient's occupation, which caused a sufficient amount of trauma to encourage growth. There is no doubt but that this is a true case of congenital elongation of the left lobe of the liver, and not in any way belonging in the category of the so-called lacing liver. This type is found more often in an adult female (Langenbuch's case being more especially of this type), and in the larger percentage of cases involves the right lobe alone, or, when the left is involved, the deformity is always associated with right-sided enlargement. It is further shown by numerous autopsies that when the left lobe is deformed it is usually folded upon itself and more or less incurved.